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11/18/2009

TRASK BRITT, P.C./ MICRON TECHNOLOGY P.O. BOX 2550 SALT LAKE CITY, UT 84110

## VIA ELECTRONIC FILING

February 18, 2010

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
08/530,661 TLE OF INVENTION	09/20/1995 I: INTEGRATED CIRCU	JITRY FOR SEMICONE	BRENT KEETH DUCTOR MEMORY		2269-5990US (95-0424.00/U	5492
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/18/2010
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
MONTALVO, EVA Y		2814	257-296000	,		
Change of correspondence address or indication of "Fee Address" (37 ER 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO (A) NAME OF ASSIGNEE  Micron Technology, Inc.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Boise, ID			
ase check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual X Corpo	ration or other private gro	up entity 🔲 Govern
Aa. The following fee(s) are submitted:  40  41  42  42  42  43  44  44  45  46  46  46  46  46  47  48  48  49  40  40  40  40  40  40  40  40  40			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 201409 (enclose an extra copy of this form			
	ton (Come status indicate	d above)	Die Audiensiensler	per claiming SMALL	ENTITY status. See 37 CI	FR 1.27(g)(2).
	s SMALL ENTITY state					
a. Applicant claim	as SMALL ENTITY state d Publication Fee (if req records of the United Sta		d from anyone other than to Office.	ne applicant; a register		e assignee or other par

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